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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

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Total Number of Pages in This Submission

Application Number	10/624,432
Filing Date	07-22-2003
First Named Inventor	Roy Mattson
Art Unit	13751
Examiner Name	DEVORE P
Attorney Docket Number	RM 4484

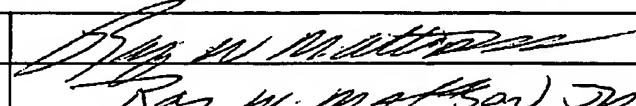
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Roy W. Mattson Jr.		
Date	5-22-2005	Reg. No.	

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Signature			
Typed or printed name	Roy W. Mattson Jr.		
	Date	5-22-2005	

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/624,432
Filing Date	07-22-2003
First Named Inventor	ROY MATTHEWS
Art Unit	3751
Examiner Name	DEVORE, PETER
Attorney Docket Number	RM 41910

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

42170

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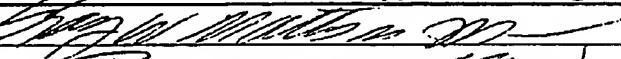
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Roy W. Matthews 07-22-2003		
Date	5-23-2005	Telephone	303-776-4110

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/62 (04-05)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/624,432
Filing Date	07-22-2003
First Named Inventor	Roy MATTHEWS
Art Unit	3751
Examiner Name	Devere P.
Attorney Docket Number	RCM 44910

I hereby revoke all previous powers of attorney given in the above-identified application.

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Firm or  
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City

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 3 forms are submitted.

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PTO/SB/82 (04-05)

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Application Number	10/624,432
Filing Date	07-22-2003
First Named Inventor	ROBERT M. FISHER
Art Unit	3137
Examiner Name	DEBORAH A. BROWN
Attorney Docket Number	200300000000

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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OR

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Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Robert M. Fisher</i>		
Name	ROBERT M. FISHER		
Date	5-23-2003	Telephone	303-776-9114

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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